

Kentucky Board of Licensure for Occupational Therapy

P.O. Box 1360

Frankfort, Kentucky 40602

(502) 564-3296

**Application for Continuing Education Program Approval
(Course Providers)**

Contact Person: _____ Telephone: () _____

Address: _____

Street

City

State

Zip Code

Sponsoring Agency: _____

Program Title: _____

Date(s) of Program: _____ Number of hours applying for: _____

Target Audience (*please check all that apply*):

Area of Content:

Occupational Therapist _____

Occupational Therapy Assistant _____

(Information must be submitted to the Board at least 90 days prior to the presentation of the course)

ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:

(Please be advised, applications received without the requested information will be returned)

- ✓ A thorough course description;
- ✓ A statement of the projected learning outcomes;
- ✓ A statement of the target audience;
- ✓ The content focus of the course;
- ✓ A detailed agenda for the activity;
- ✓ A statement of the number of contact hours requested;
- ✓ A listing of the presenters and their qualifications; and
- ✓ A sample of the certificate of completion awarded to successful attendees.

BOARD RESPONSE:

- ☐ APPROVED AS REQUESTED FOR _____ HOURS.
- ☐ PARTIALLY APPROVED FOR _____ HOURS.
- ☐ NEED ADDITIONAL INFORMATION FOR REVIEW: _____
- ☐ DENIED CONTINUING EDUCATION CREDIT. COMMENTS: _____

DATE REVIEWED: _____

BOARD MEMBER INITIAL: _____